REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 5-18-05 2 Serial/Patent # 10-517,587				
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing	/	12/904	\$ 100
·	Amendment		/	\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance		·	\$
	Assignment			·\$
	0ther			\$
		7 TOTAL AMOUNT \$ 100		
		8 TO BE REFUNDED BY:		
10. REASON:		Treasury Check		
V	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	,092336		
·	No Fee Due (Explanation):			
·				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: HJOHNSON TITLE: Paralegal				
SIGNATURE: MANUAL PHONE: 308-9/40				
office:				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: DATE:				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)